

# OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM (OIF/OEF)

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# Education

- BA – Psychology and Sociology, Roberts Wesleyan College
- MSW-Roberts Wesleyan College
- Third year PhD- Counselor Education, The Warner School, The University of Rochester



# Experiences

- Social Worker and Group Therapist (St. Mary's Inpatient Psychiatry),
- Chemical Addiction and Mental Health Assessment Therapist (Evelyn Brandon Health Center),
- Mental Health Crisis Therapist (Park Ridge Outpatient Mental Health Center),
- PAO-Psychiatric Assignment Officer (Park Ridge Emergency Room),
- Sexual Behaviors Therapist (Evelyn Brandon Health Center)



# Military Background

- USAR Captain (55<sup>th</sup> Medical Company, Combat Stress Control)
- Deployed to Iraq Dec. 2004 to Dec. 2005
- United States Army OIC (Officer in Charge) Combat Stress Control, Team Baqubah, Baqubah, Iraq
- United States Army Mental Health Officer (48th Brigade, GA National Guard), Camp Stryker, Iraq



# Learning Objectives

- Identify the basic principles of combat stress control
- Understand the problems and issues service members and families encounter throughout the deployment cycle
- Identify the importance of unit morale and cohesion on the war and home front
- Identify the need for providing adequate community services and support to service members and families throughout the deployment cycle
- Understand the application of combat stress control principles to community systems



# ■ Basic CSC Doctrine originated from WWI

# ■ Combat Stress Control

- French and British found that if stress casualties were evacuated to the rear, many became psychiatric patients.
- If treated close to units, most soldiers recovered.
- US Army Surgeon General at that time recommended that we adopt a similar system.
- After WWI, these “lessons learned” were forgotten.
- During certain times in WWII, the ratio of neuropsychiatric casualties evacuated to WIA’s evacuated was 1:1
- Many of these mental health cases became “psychiatrically disabled” for life. This prompted other soldiers to “go crazy” to get evacuated
- If these casualties had been sent to rest camps close to their units, a majority would have eventually returned to duty and also eliminated malingering

# Combat Stress Control

- In Vietnam, Battle Fatigue Casualty rates rarely exceeded 1 per 10 WIA.
- Reasons for this were better technology in the battlefield, scheduled R&R, fixed combat tours
- Other behavior problems related to loneliness and frustration were associated with Combat Stress to include Misconduct Stress Behaviors (atrocities, fragging, Drug use and abuse, etc)
- By September 1971, neuropsychiatric cases accounted for over 60% of all medical evacuations (especially drug and alcohol abuse)
- Though today's battlefield is different from past engagements, the fundamentals of Combat Stress still remain



# Strengths

## Unit Cohesion

- \* Loyalty to Buddies and Leaders
- Sense of Eliteness and Mission
- Alertness, Vigilance
- Exceptional Strength and Endurance
- Increased Tolerance to Hardship, Discomfort, Pain, and Injury
- Sense of Purpose
- Increased Faith
- Heroic Acts, Courage and Self-Sacrifice





# Negative Symptoms

## Battle Fatigue-Emotional and Physiological Symptoms

- Hyper-alertness, Fear, Anxiety
- Irritability, Anger, Rage
- Grief, Self-Doubt, Guilt
- Physical Stress Complaints
- Inattention, Carelessness
- Loss of Confidence, Hope and Faith
- Depression, Insomnia
- Impaired Duty Performance
- Erratic Actions, Outbursts
- Freezing, Immobility
- Total Exhaustion/ Apathy
- Impaired Senses
- Hallucinations, Delusions



# Negative Symptoms

## Misconduct Stress Behaviors

- Mutilating Enemy Dead
- Killing Enemy Prisoners and Noncombatants
- Torture, Brutality
- Killing Animals
- Fighting With Allies
- Alcohol and Drug Abuse
- Recklessness, Lack of Discipline
- Fraternization
- Excessive Use of Sick Call
- Shirking, Malingering
- Self-Inflicting Wounds
- Threatening/Killing Own Leaders (Fragging)
- AWOL



# **Leader's Responsibilities**

## **Managing Combat Stress**

- Be Competent, Committed, Courageous, Candid, and Caring
- Build teams with high unit cohesion
- Serve as a role model
- Assure resources to take care of the troops
- Plan for and conduct realistic training
- Provide as much information as possible to the troops
- Utilize resources such as Chaplains, CSC Team and Division Mental Health when appropriate



# **Leader's Responsibilities**

## **Managing Combat Stress**

- Take care of troops (including leadership)
- Assure physical fitness, nutrition, hydration, adequate clothing and shelter, and preventive medicine measures
- Dispel rumors by keeping accurate information flowing down to the lowest level
- Conduct After-Action Debriefings routinely
- Recognize excessive stress early on and provide
- immediate support
- Recommend exemplary soldiers for awards and decorations



# **Leader's Responsibilities**

## **Managing Combat Stress**

- Keep those stressed soldiers who can still perform their duties in the unit, and provide them with extra support
- Send those stressed soldiers that cannot get needed rest in the unit back to supporting element for rest
- Refer temporarily unmanageable stress cases through channels for medical evaluation and treatment
- Welcome recovered battle fatigue casualties back and give them meaningful work and responsibilities



# **OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM (OIF/OEF)**

## ***PHASES OF DEPLOYMENT***



# Pre-deployment Issues

## **Service Member**

Legal      Counseling/Social Support      Education

Custody

Anger, Guilt

College

Suspended

Separation/Divorce

Separation Anxiety

Financial Problems

Domestic Violence

Credit Cards

Relationship Problems

Mental Health Problems

Substance Abuse

Trust Problems/Issues

Fear of Death

### Other issues

Isolation

Loneliness

Suicide (Ideations/Attempts)

Sleep Problems

Anxiety/Worry (about family)

Finding Suitable Family Care Plan (to take care of children)



# **Pre-deployment Issues**

## **Family**

### **Legal/Financial      Counseling/Social Support      Education**

**Anger/Resentment      Employment Reintegration**  
**Custody      Mental Health Issues      Employment Retraining**  
**Separation/Divorce      Substance Abuse      Unemployment**  
**Credit Cards      Separation Anxiety      College/Education Suspended**  
**Financial Problems      Abandonment**  
**Domestic Violence**  
**Relationship Problems**  
**Trust Problems/Issues**  
**Fear of Spouse/Father/Son Dying**

### **Other Issues**

**Stress about Single Parent Role**  
**Stressed about Increased Major Role Obligations**  
**Lack of support (no family members in the area)**  
**Who Will Take Care of My Emotional Needs?**  
**Isolation**  
**Feeling Lonely**  
**Sleep Problems**  
**Anxiety/Worry (About Soldier & Family)**  
**Possible Relocation**





# Peri-deployment Issues

## Service Member

<u>Legal</u>	<u>Counseling/Social Support</u>	<u>Education</u>
Bankruptcy	Anger, Guilt	College/Education Suspended
Custody	Mental Health Issues	Learning New Role (of a soldier)
Financial Problems	Adjusting to Life as Soldier	Learning Mission
Credit Cards	Adjustment to Environment (War Zone)	New Responsibilities
Separation/Divorce	Trust Issues/Problems	Understand Rank/Role
Faithfulness		
Adjustment to Physical Environment (showers, bathrooms)		
Separation Anxiety		
Fear of Death		
Family Crisis		
Relationship Problems (arguments, break ups)		
Loss of Fellow Soldiers		

### Other issues

Isolation  
Loneliness  
Suicide (Ideations/Attempts)  
Lack of Communication Opportunities (crowded phones & internet centers)  
Long Work Days  
Death of Friends/Fellow Soldiers  
Sleep Problems  
Anxiety/Worry (about family and fellow soldiers)  
Increase Spending  
Missing Children/Family Major Accomplishments/Significant Events



# Peri-deployment Issues

## Family

### Legal/Financial

Bankruptcy  
Reintegration

Custody

Separation/Divorce

Credit Cards  
Suspended

Financial Problems

### Other Issues

Decrease finances

Day Care

Respite

Single Parent Role

Lack of Support

Lack of Emotional Support

Increased Major Role Obligations

Lawn Care

Plow/Shoveling

Housekeeping

Increase Spending

Home Alone

Relocation

### Counseling/Social Support

Anger/Resentment

Mental Health Issues

Substance Abuse

Separation Anxiety

Abandonment

Domestic Violence

New Parenting Skills

Family Crisis

Relationship Problems

Health Care Issues

### Education

Employment

Employment Retraining

Unemployment

College/Education



# Post deployment Issues

## Service Members

### Legal

Bankruptcy  
Employment Reintegration  
Custody  
  
Disability claims  
Separation/Divorce  
Reintegration  
Credit Cards  
Education Resources  
Road Rage  
Traffic Violations  
DUI/DWI

### Other issues

Isolation  
Loneliness  
Suicide (Ideations/Attempts)  
Sleep Problems  
Decrease Finances  
Coming Home Feeling Unwelcome  
Expectations  
Overwhelmed by New Responsibilities  
Gambling  
Not Feeling Appreciated

### Counseling/Social Support   Education

Anger, Guilt

Mental Health Issues

Substance Abuse  
Homeless

Domestic Violence

Re-learning Parenting Skills

Family Crisis  
Relationship Problems  
Readjustment Issues

Employment Retraining

Unemployment  
College/Education

Accessing



# Post deployment Issues

## Family

### Legal/Financial

Bankruptcy  
Reintegration  
Custody  
Retraining  
Separation/Divorce  
Credit Cards

### Counseling/Social Support

Anger/Resentment  
Mental Health Issues  
Substance Abuse  
Abandonment  
Domestic Violence  
Re-learning Parenting Skills  
Family Crisis  
Relationship Problems  
Readjustment Issues

### Education

Employment  
Employment  
Unemployment  
College Reintegration

### Other Issues

Decrease finances  
Relinquishing Responsibilities  
Expectations  
Taking on New Roles  
Relocation



# **Veteran's Affair OIF/OEF Program**

## **COMBAT STRESS CONTROL (CSC) SYSTEMS MODEL**

***APPLYING THE COMBAT STRESS CONTROL MODEL TO  
COMMUNITY SYSTEMS***

***BUILDING HIGH UNIT MORALE AND COHESION IN OUR  
FAMILIES AND COMMUNITIES***



# CSC Systems Model

- During the Deployment Cycle, many needs of the service members and families arise. Identifying those needs within the period (Pre, Peri and Post-Deployment) in which they occur assists in addressing them more effectively.
- One person or organization can not meet all the needs of the service members and families.
- Every person, company and organization at every level is a vital member and is part of a collective whole that can meet the complete needs of the service members and families.
- **TOGETHER WE CAN MAKE A DIFFERENCE!**



# CSC Systems Model

- Help develop an effective resource network for returning military service members and their families.
- Mobilizing faith, community, veterans, and community organizations in support of mobilized soldiers and families
- Specifically target the needs of service members and families across the deployment cycle (pre-peri-post)
- Begin now to mobilize resources in response to service members (and their families) being activated within the next 12/18 months for deployment

# CSC Systems Model



The VA OIF/OEF Program's goal is to ensure that eligible veterans enroll for healthcare, provide top notch health care, ensure veterans have seamless access to healthcare and assist in mobilizing and connecting community services and support with





# CSC Systems Model

## ***APPLYING CSC STRATEGIES AT HOME***

- Be Competent, Committed, Courageous, Candid, and Caring
- Build teams with high unit cohesion (Get the organizations, political entities, schools and the community involved, be active in welcoming and serving new veterans and their family, let them know you're on their side, you appreciate them, show your support any way you can and let them know that you're a part of the team!)
- Serve as a role model (actively participate, get others involved in caring for service members and their families)
- Assure resources to take care of the troops (ensure that service members and their families have good support network including family, friends, company, organizations, community, etc.)



# CSC Systems Model

- Take care of troops (make sure service members and their families are taken care of emotionally, physically and psychologically)
- Assure adequate clothing and shelter, and preventive medicine measures (ensure that SM and family members are taken care at the most basic level)
- Dispel rumors by keeping accurate information flowing down to the lowest level (help SM and families to readily communicate; communicate information to veterans, specifically diagnosis, healthcare problems, etc.)
- Conduct After-Action Debriefings Routinely (see how they are doing, ask them what their needs are and what we should be doing to better meet their needs)
- Recognize excessive stress early on and give immediate support (everyone who knows a SM should pay attention to persistent signs and symptoms of adjustment and make appropriate referrals for care)
- Recommend exemplary soldiers for awards and decorations (honor service members and families whenever possible; throw out first pitch, during corporate challenge, during half time games, etc.)

# CSC Systems Model

- **Keep those stressed soldiers who can still perform their duties in the unit, and provide them with extra support** (ensure that service members and families who need additional help get it; refer to VA, community for care, etc., help SM to continue to drill, talk about their experiences with peers and continue to be part of their military family)
- **Send those stressed soldiers that cannot get needed rest in the unit back to supporting element for rest** (SM may need assistance to transition, learn new skills, re-entry to college; family members may need respite care, someone to assist with cleaning, plowing/shoveling, mowing lawn, transportation, etc.)
- **Refer temporarily unmanageable stress cases through channels for medical evaluation and treatment** (make appropriate referrals, SM possibly need inpatient chemical dependence, MH; family members may need the same due to taking on new roles and responsibilities)
- **Welcome recovered battle fatigue casualties back and give them meaningful work and responsibilities** (Welcome soldiers back, make their entry to the community warm and caring so they can feel proud for serving; join families to welcome service members at the airport; service members who are not welcomed home, may isolate and do not address their issues appropriately)



**Our efforts  
makes a major  
difference in  
their lives!**



**QUESTIONS?**

**COMMENTS?**